

DBI-TD^{*} (phenformin HCl)

INDICATIONS: Stable adult diabetes that does not respond to diet alone, particularly the overweight, ketoacidosis-resistant diabetic in whom phenformin may aid in the reduction of body weight. In general, this applies to persons over 40 and requiring 40 insulin units or less daily.

Stable adult diabetics who are primary or secondary failures with sulfonylureas. These patients may be treated with phenformin alone or in combination with a sulfonylurea.

Phenformin may aid as adjunctive therapy in some cases of insulin-dependent diabetes where insulin dosage is very high or when the patient is poorly controlled with insulin alone.

Note: Phenformin is not required in diabetes mellitus that can be controlled by diet alone nor in juvenile diabetes mellitus that is well regulated on insulin.

ADVERSE REACTIONS: Principal side effects are related to the gastrointestinal tract, of which a warning signal is an unpleasant metallic taste. Anorexia, nausea, and less frequently, vomiting and diarrhea are seen. At the first sign of gastrointestinal upset the dose of DBI should be reduced, and in case of vomiting, should be immediately withdrawn.

PRECAUTIONS: Starvation Ketosis: This must be differentiated from "Insulin Lack" ketosis and is characterized by ketonuria in spite of relatively normal blood sugar with little or no urinary sugar. Starvation ketosis may result from excessive DBI therapy, excessive insulin reduction or insufficient carbohydrate intake. Appropriate measures to supply carbohydrates or adjust insulin or lower DBI dosage alleviate this state.

DO NOT GIVE INSULIN WITHOUT FIRST CHECKING BLOOD AND URINE SUGAR DETERMINATIONS.

Lactic Acidosis: Questions have arisen regarding the possible contribution of DBI to the appearance of lactic acidosis in patients with renal disease and azotemia, as well as cardiovascular collapse (hypotensive state of hypoxemia) of any cause.

It is therefore recommended that DBI not be used in the presence of azotemia, and in any clinical situation that predisposes to sustained hypotension that could lead to lactic acidosis.

Appropriate diagnostic measures should be taken in the diabetic patient who has been stabilized on DBI or DBI with insulin, and has subsequently become unstable, so that the type of metabolic acidosis (ketoacidosis versus lactic acidosis, for example) may be properly diagnosed and treated. Such patients should have periodic determinations of ketones in the blood and urine. If electrolyte imbalance is suspected, periodic determinations should also be made of electrolytes, pH and the lactate-pyruvate ratio. DBI should be withdrawn and corrective measures including insulin, when required, should be instituted immediately upon the appearance of any metabolic acidosis.

Hypoglycemia: Hypoglycemic reactions are rare when DBI is used alone. During the dosage adjustment period, however, every precaution should be observed to avoid such reactions, particularly when insulin or a sulfonylurea has been given in combination with DBI.

Other: As with all other hypoglycemic agents, it is recommended that complete physical examinations including hepatic tests, blood counts and ophthalmoscopy be performed on a regular basis.

Phenformin should be used cautiously in patients with Addison's disease and in subjects intolerant to sedatives. The patient should be informed that rapid increase in alcohol intake should be avoided.

Interference with vitamin B₁₂ absorption has been observed recently following the use of biguanide. However, another published study could not confirm this finding.

CONTRAINDICATIONS: Acute complications of diabetes mellitus such as acidosis, coma, infection, gangrene, or during or immediately following surgery, where insulin is indispensable: severe hepatic disease, renal disease with uremia, cardiovascular collapse (shock) and after disease states associated with hypoxemia. Phenformin is contraindicated when there are preexisting complications peculiar to diabetes, for example, retinopathy, neuropathy and in latent and prediabetes.

WARNING: Pregnancy — the use of DBI is to be avoided in pregnancy. Phenformin administered to three (3) generations of rats produced no fetal abnormalities. However, until adequate data on the effects of DBI on the human fetus are available, its use in pregnancy can be considered experimental.

As with other hypoglycemic agents it must be ascertained as to whether the diabetes cannot be brought under control with proper diet alone.

The effect of oral hypoglycemic agents on vascular disorders and on other sequelae of diabetes is not completely known. Patients taking these drugs should be closely supervised for both short and long-term complications. Periodic ophthalmoscopic examinations, liver function tests and peripheral blood counts are advisable.

SUPPLIED: TD Capsules 50 mg — Available in bottles of 30, 100 and 500 capsules.

TD Capsules 100 mg — Available in bottles of 100 capsules.

Tablets 25 mg — Available in bottles of 100 and 500 tablets.



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WHAT'S NEW

Ontario to review Chiropractic treatment

An investigation of alleged abuses by chiropractors of the Ontario Health Insurance Plan has been launched by Ontario Health Minister Richard Potter following disclosures that some chiropractors have been receiving insurance payments for treating conditions beyond their qualifications.

Dr. Potter told the provincial legislature that a review of OHIP November data shows chiropractic claims being made for a broad range of conditions such as multiple sclerosis, mononucleosis, coronary conditions and varicose veins.

Under existing OHIP regulations patients may claim up to a total of 100 chiropractic services per year, but at present there is no clear definition as to what these services may entail.

The discovery that chiropractors were claiming for such treatment procedures was made during a general review of claims being made against OHIP.

In calling for the investigation Dr. Potter told the legislature that "some of the conditions which some chiropractors have been treating people for (are ones that) we just can't accept."

Dr. Potter said that if the chiropractors were unable to police their profession the ministry would do so.

Don Soutter, health ministry communications officer, told CMAJ that a clearer definition of exactly what procedures constitute chiropractic can be expected when the ministry introduces its Health Disciplines Act at the spring session of the legislature.

Other data released by the health ministry indicated that in March 1973 (the last period for which final figures are available) 531 chiropractors received an average payment of \$2,629 each from OPHIP — a total of \$1,396,404.

During the same month in the OHIP non-physician category chiropractors accounted for 29% of practitioners to have received insurance payments and their receipts accounted for 50.19% of the total non-physician payments (the category includes optometrists, osteopaths, dental surgeons, oral surgeons, chiropodists and chiropractors).

MILAN KORCOK

Letters from physicians for visits to China flood to government

Want to go to China? Apparently numbers of physicians do. And the Department of National Health and Welfare is being "flooded" with letters of application from doctors who can produce good reasons why they should go there.

So CMAJ has been asked (by the government) to explain the rules.

If the application is related specifically to acupuncture analgesia, the letter should go to DNH&W. All other applications should go to the Department of External Affairs. ■

Les médecins des salles d'urgence se regroupent

La Fédération des Médecins Omnipraticiens du Québec possède un nouveau comité ad hoc qui étudiera les problèmes reliés à la médecine d'urgence. Subventionné par la FMOQ, ce comité sera chargé de faire le point sur la situation dans les salles d'urgence et de travailler de concert avec les autres comités de la Fédération.

Le président de ce nouveau comité, le docteur François Ranger, explique que le principal mandat sera de conseiller la FMOQ sur la médecine d'urgence et de participer aux activités de planification, d'enseignement et de négociations de la FMOQ, puisque celle-ci représentera désormais les intérêts syndicaux des quelque 25 médecins membres de la section québécoise du Collège américain des médecins d'urgence. Cette section n'existe que depuis le mois d'août dernier et possède des pouvoirs autonomes à l'intérieur de l'association américaine. De plus, le comité sera chargé de préparer des sessions intensives pour les omnipraticiens sur toutes les questions qui relèvent de la médecine d'urgence dans le cadre des cours d'éducation continue organisés par la FMOQ.

Le docteur Ranger a révélé qu'un des buts des médecins d'urgence du Québec est d'obtenir un statut de spécialistes mais que les recommandations en ce sens doivent être approuvées par le conseil d'administration de la section québécoise avant d'être présentées aux diverses facultés de médecine de la province.

Pour ce qui est de son action au niveau des prises de décision du ministère des Affaires sociales en ce qui concerne la médecine d'urgence, le comité devra se borner à faire des suggestions auprès du gouvernement. Le docteur Ranger a dit que la section

québécoise, maintenant doublée d'une fonction de comité à l'intérieur de la FMOQ, a plusieurs recommandations à faire afin d'améliorer la situation qui prévaut dans les salles d'urgence et qu'elles seront finalisées d'ici trois à six mois.

Tous les médecins membres de la section québécoise sont des omnipraticiens mais le docteur Ranger nous a révélé qu'il essayait d'intéresser d'autres médecins spécialistes qui font de la médecine d'urgence à plein temps. ■

Churchill health unit launches information program after trichinosis outbreak

A mass outbreak of trichinosis among the inhabitants of Dene Village, near Churchill, Manitoba, recently, again points up the dangers of eating wild meat.

Forty-eight people were affected by the disease. Five went to hospital and one of them died.

All 48 had feasted on a black bear shot near the village. Not known, until too late, was that the bear carried the tiny organisms that, passed on to humans, produce trichinosis.

Most cases in recent years of trichinosis in humans have come from bears or other wildlife. Since feeding to pigs or garbage came under stricter control the incidence of trichinosis from pork has fallen to almost nil.

Dr. Emanuel Snell, Manitoba director of preventive medical services, reports that the Churchill health unit has begun an information campaign to explain to local residents how to prevent trichinosis. Most effective method is to cook the meat until no raw-looking flesh remains. Meat also may be frozen below-zero for several days to kill the organisms. Knives used to cut the raw meat should be thoroughly cleaned before cutting the cooked meat. ■

Physicians vulnerable to same mental ills as their patients

Physicians share the emotional and mental frailties of their patients, an Australian doctor warned a weekend seminar near Adelaide recently.

"We are indeed ordinary mortals, liable to the same psychoneuroses, depressions or hypochondriasis as our patients," declared Dr. Robert Hecker.

"These risks are greatest in the early

days of practice when we often attempt to achieve too much too quickly."

Dr. Hecker was addressing a seminar on the doctor, his wife and family organized by the Royal Australian College of General Practitioners. He is a former South Australian branch president of the Australian Medical Association.

"In an environment of ever-increasing technological, social and political change the doctor, with the added strains inseparable from his role in society, is especially vulnerable."

He is often unaware of his own limitations and might react to his stresses with habitually incorrect responses, Dr. Hecker declared. This vulnerability is increased by an unsatisfactory childhood environment and could lead to an increased risk of anxiety, drug addiction and suicide.

The satisfactions of his marriage might be a vital factor in determining his future.

Dr. Hecker said physicians are at special risk of vascular diseases and might respond to such serious illness as myocardial infarction with a disastrous loss of confidence.

"I suggest to you that you heed the warning signs of overwork — increasing inefficiency, self-doubt, and indecision, anxiety and lack of judgement."

He said the future indicated doctors may work fewer hours, accepting a lower relative standard of living.

Dr. Frank Altmann, Murray Bridge, told the seminar there are some who believe children of medical practitioners suffer special stress related to their fathers' occupation and their abnormal home environment. ■

Competition for WHO travel fellowships now open in Canada

The 1974 World Health Organization travel fellowships competition has opened in Canada. Applications will be accepted by the international health services branch of DNH&W from professionals who are Canadian citizens engaged in operational or educational aspects of public health. Workers in pure research, people who wish to attend conferences or international meetings, students in training at undergraduate levels and applicants over 55 will not be considered, according to the announcement, and government employees will receive low priority.

Further information and application forms are available from International Health Services, National Health and Welfare, Brooke Claxton Bldg., Ottawa K1A 0K9. ■